

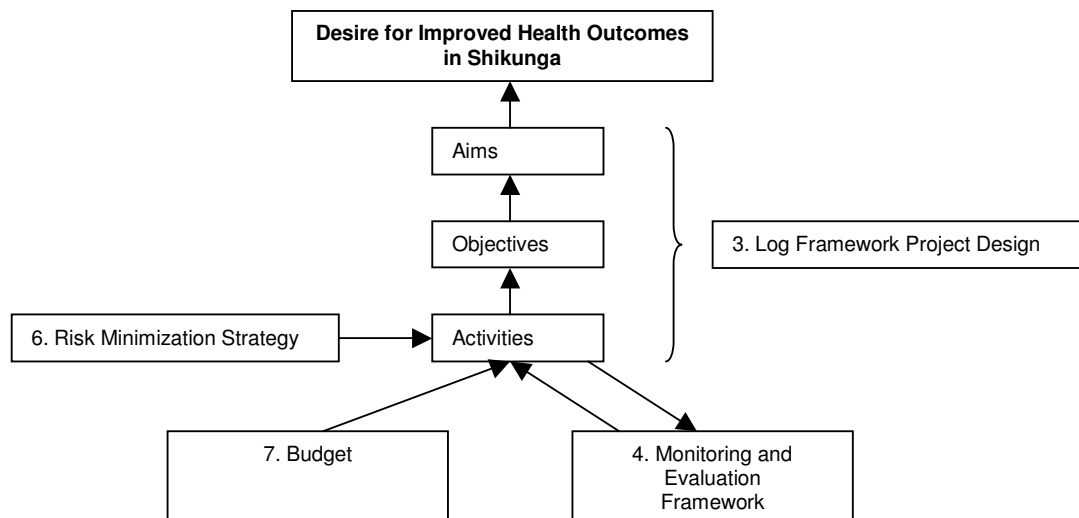


## Kenya Aid Project Design 2007-09

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#### Summary of Kenya Aid Project Design, Budget and M&E Strategy





## **1. Introduction**

Kenya Aid is a not for profit organization involved in the funding and running of a primary health-care facility in Shikunga Village, in the Western Province of Kenya.

Kenya Aid works in partnership with local Kenyan not for profit organization's to provide low cost, quality health care in an area where there is little to no access to even the most basic services. The organization currently provides funding for two full time Kenyan trained and accredited health care professionals.

As well as providing funding for the clinic, Kenya Aid also aims to increase community awareness and education on important health-related issues, such as HIV/AIDS, malaria, family planning, diarrheal disease and the importance of ante-natal care.

To achieve this aim, Kenya Aid provides a range of culturally sensitive and relevant material to the local communities and hold regular community-orientated seminars aimed at educating the community and equipping them with the information needed to effect changes in health behaviors and attitudes.

The comparative advantages of Kenya Aids service delivery strategy for the Shikunga region include:

- Close personnel relationships between the Kenya Aid Board and its partner organization MURUDEF which is a well-established and highly successful locally based NGO owned and operated by domestic staff;
- Relevant expertise of the Kenya Aid Board, which includes 3 Medical Doctors with significant experience in delivering health care services in Kenya and Africa more generally; and
- Kenya Aids zero administrative cost policy which ensures that any costs not directly related to purchasing labour or capital goods for the Shikunga Clinic are absorbed by Board Members.

In undertaking these objectives Kenya Aid focuses on developing a close working relationship with local and central Kenyan Government. In addition, programs aim to not only focus on the needs of the people we are serving but also aim to provide a service responsive to the needs and desires of the local government.



## **2. Background and Needs Analysis**

In order for Kenya Aid to be able to deliver health care services to Shikunga in a sustainable manner that is both in accordance with the priorities of the Government of Kenya and meets the health care requirements of the people, it is important that the organisation have a firm understanding of the context of the existing Kenyan Health System.

In 1994, the Government of Kenya (GOK) approved the Kenya Health Policy Framework (KHPF) as a blueprint for developing and managing health services in the country. This Framework spells out the long-term strategic imperatives and the agenda for Kenya's health sector. To operationalise the document, the Kenyan Ministry of Health (MOH) developed the Kenya Health Policy Framework Implementation Action Plan and established the Health Sector Reform Secretariat (HSRS) in 1996 under a Ministerial Reform Committee (MRC) in 1997 to spearhead and oversee the implementation process. A rationalisation programme within the MOH was also initiated. These policy initiatives were aimed at responding to a number of constraints which had been identified as limiting the Government's ability to meet the health care needs of the Kenyan people. These constraints included a decline in health sector expenditure, inefficient utilisation of resources, centralized decision making, inequitable management information systems, outdated health laws, inadequate management skills at the district level, worsening poverty levels, increasing burden of disease, and rapid population growth. All of these factors have contributed to a significant decline in the quality of health outcomes of Kenyan people over the last 10 years.

### **Text Box 1: Basic Health Statistics for Kenya**

1. Total population: 34,256,000
  2. Gross national income per capita (PPP international \$): 1,170
  3. Life expectancy at birth m/f (years): 51/51
  4. Healthy life expectancy at birth m/f (years, 2002): 44/45
  5. Probability of dying under five (per 1 000 live births): 120
  6. Probability of dying between 15 and 60 years m/f (per 1,000 population): 464/483
  7. Total expenditure on health per capita (Intl \$, 2004): 86
  8. Total expenditure on health as % of GDP (2004): 4.1
- \*Figures are for 2005 unless indicated.  
Source: World Health Organisation Statistics 2007



The 1999 National Census estimated Kenya's population to be 28.7 million, of whom 56 percent was less than 20 years of age. In 2004, the population was estimated at 32.8 million. Life expectancy is on the decline, at 48 years for women and 47 for men, and expected to fall further due to the rising incidence and prevalence of HIV/AIDS. There is also a steady decline in the fertility rate, from 8.1 in 1978 to 5.4 in 1992, and to 4.9 in 2003 (but up from 4.7 in 1998). According to the 2003 Kenya Demographic and Health Survey (KDHS 2003), more married women are using modern contraceptive methods. The prevalence rate has risen from 18 percent in 1989 to 27 percent in 1993, 32 percent in 1998, and 33 percent in 2003. Overall morbidity and mortality remain high, particularly among women and children. An infant mortality rate (IMR) of 62 in 1993 increased by 12 percentage points to 74 in 1998 and was not significantly different (at 77) in 2003. The under-five mortality rate also rose from 110 deaths per 1,000 live births in the period 1993-1998 to 115 in the 1998-2003 period<sup>1</sup>.

### **Private Health Care Provision in Kenya<sup>2</sup>**

Non-government providers are a significant part of Kenya's overall health care provision capacity. During the 1990's they accounted for approximately 50 per cent of all hospitals and 36 per cent of Kenya's hospital beds. They also accounted for approximately 21 per cent of health centers and 51 per cent of all other outpatient treatment facilities, although these include a wide variety of different levels of quality and capacity, as noted above. Studies undertaken in the mid-1980's suggest that non-government sources of finance accounted for slightly less than half of total health expenditures in Kenya. Whilst information is difficult to obtain it is likely that these figures only increased in recent times as the number of NGO's operating in the country has increased. In general, non-government services are used by all socioeconomic classes, although the type of facility used may differ across these groups, with low-income people being the most heavily represented group.

Past reviews of a variety of disease and problem-specific studies shows that non-government providers contribute with varying degrees of success to addressing the

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<sup>1</sup> <http://www.measuredhs.com/pubs/pdf/SPA8/02Chapter2%2Epdf>

<sup>2</sup> <http://www.hsph.harvard.edu/ihsph/publications/pdf/No-20.PDF>



public health problems of Kenya. In part this is because Health Law is very poorly enforced in Kenya which leaves independent health care providers which a large degree of flexibility in designing and implementing their health care strategies. Kenya Aid recognises the problems which this situation creates for the ability of the Kenyan Government to implement its own health care priorities. Kenya Aid thus believes the onus rests on the administering organisation to ensure all of its activities and methods are both in line with Kenyan Government guidelines and legal requirements. In addition, Kenya Aid aims to provide basic health care services which, where possible and appropriate, will adopt the more rigorous standards of the Australian health care system. Adopting this best practise local approach will help to minimise any administrative burden which the clinic may place on local health care officials as well as ensure that the service delivery is carried out in an effective and sustainable manner.

### **3. Logical Framework Proposal**

#### **Goal:**

The fundamental goal of Kenya Aid is to improve basic health outcomes in Shikunga and its surrounding areas in the Western Province of Kenya through improving both the availability and quality of basic health care in the region. To achieve this Kenya Aid will focus its resources on funding and provision of health care facilities in Shikunga and its surrounding areas.

#### **Aims:**

1. To improve health care services through the funding of a community based clinic.
2. Increased local community awareness of health care issues.
3. Develop a sustainable health care program which aligns with the priorities of the local government and meets the needs of people from Shikunga.

#### **Design Approach:**

To develop an overarching strategy to allow Kenya Aid to achieve this Outcome Kenya Aid has adopted a logical framework (LogFrame) approach to its Project design. This LogFrame provides Kenya Aid with a tool for planning and managing each of its development projects which presents information on the key components of its project in



a clear, concise, logical and systematic way. The LogFrame summarizes this information by answering a number of key questions. These include:

- What the project is going to achieve and what are its desired outcomes?
- What objectives will lead to the achievement of these outcomes?; and
- What specific activities does Kenya Aid propose to carry out in order to achieve each one of these objectives?

In addition, to help ensure that Kenya Aid is able to deliver each one of these activities in an efficient, cost-effective and sustainable manner this LogFrame also provides information on:

- What resources (inputs) will be required in order to deliver each of the activities though the budget?
- What are the potential problems which could affect the success of the project through the completion of a risk assessment matrix?
- How the progress and ultimate success of the project will be measured and verified through the design of a Monitoring and Evaluation Framework which is linked to each of the Activities generated in the log framework?

Table 1 presents the Kenya Aid LogFrame for the period 2007-2009.

**Table 1: Kenya Aid Logical Framework for Designing Project Activities**

AIMS (Desired Outcomes)	OBJECTIVES	ACTIVITIES
<b>1: To improve health care services through the funding of a community based clinic.</b>	1-1: An improved and expanded clinic in Shikunga Village to ensure that the clinic is capable of delivering quality health care services and accommodate any future increase in the patient load.	1-1-1: Maintenance activities at the Shikunga health care clinic. 1-1-2: Expansion of the clinic 1-1-3: When required, providing low cost capital upgrades to the clinic e.g. fridge, padlock, etc.
	1-2: Improve wage payments to health care staff at the clinic to ensure consistency with local market based rates.	1-2-1: Payment of regular wages to clinic staff (at present this includes the payment of wages to one full time clinic officer and one full time nurse).
	1-3: Improved performance and attendance of clinic staff.	1-3-1: Monitoring of skills and attendance (through MURDEF)
		1-3-2: On the job training of clinic staff by Kenya Aid staff
	1-4: Shikunga Clinic has improved equipment and supplies.	1-4-1: Engage domestic providers of quality medical supplies and medications to receive a reliable supply of resources on a low cost basis which meets the needs of the clinic.



		1-4-2: Providing funds on a regular basis to acquire appropriate type and quantity of medications when needed.
		1-4-3: Providing funds to acquire medical equipment appropriate to the needs of the clinic and to the population being served.
	1-5: Improved health care strategy for Shikunga Clinic to ensure targeted delivery of relevant health care services, in particular those relating to ante-natal care and highly prevalent diseases (such as Malaria and Diarrheal diseases).	1-5-1: Regular correspondence with clinic staff to determine areas of health care which are most in need of structured design and improvement.
		1-5-2: Regular review of Kenyan Ministry of Health protocols to ensure health services are relevant, up-to-date and are best practice.
		1-5-3: Correspondence with clinic staff in designing health care services to ensure the service is appropriate for the setting.
		1-5-4: Comply with all Kenyan Ministry of Health recommendations pertaining to delivery of health care services as required by Government registration of the clinic.
		1-5-5: Point of Delivery Patient Feedback cards and Patient Service Summary Reports are completed, recorded and assessed to better target Clinic services to ensure community needs are addressed and clinic staffing is managed appropriately
<b>2: Increased local community awareness of health related issues</b>	2-1: To develop and distribute appropriate health education materials which are culturally sensitive and informative and comply with AusAID and Kenyan Ministry of Health Guidelines.	2-1-1: Sourcing up-to-date resources from reliable sources e.g. Kenyan Ministry of Health, UN, WHO, which are in line with AusAID and Kenyan Ministry of Health guidelines. <i>e.g. can't promote abortion etc</i>
		2-1-2: Utilize suitable local personnel or other appropriate persons to translate and amend educational resources to ensure their cultural and educational relevance.
		2-1-3: Printing and distribution of resources
	2-2: To provide community based seminars on relevant major health issues.	2-2-1: Regular correspondence with clinic staff to determine areas of health care for which providing information in the form of seminars would benefit the community most.
		2-2-2: Developing partnerships with local Kenyan organizations with expertise in the identified areas to deliver the seminars.
		2-2-3: Providing incentives for community members to attend seminars (e.g. providing food at talks) to maximize their effect.
2-3: Providing relevant information to patients at the point of care pertaining to their reasons for presenting.	2-3-1: Ensure that clinic staff have sufficient clinical and social skills to educate patients at each clinic visit ( <i>e.g. through contractual agreements with MURUDEF</i> )	
	2-3-2: Keeping clinic staff up-to-date with current best practice guidelines. ( <i>E.g. through providing them with current protocols and staff development seminars/conferences</i> )	
<b>3: Develop a sustainable health care program which aligns with the</b>	3-1: Health care services are aligned with the standards and codes of service of local Kenyan health care authorities	3-1-1: Creation of documents addressed to Ministry of Health on a regular basis with information on new clinic activities and summaries of clinic achievements.



<p><b>priorities of the local government and meets the needs of people from Shikunga.</b></p>	<p>3-2: Increased engagement of local and central government health care officials in the operations of the Shikunga clinic.</p>	<p>3-2-1: Regular correspondence with Ministry of Health regarding current activities and future plans.</p>
		<p>3-2-2: Whenever possible, meeting with Kenyan Ministry of Health representatives to discuss issues relevant to the provision of health care services in western Province.</p>

#### **4. Monitoring and Evaluation Framework**

The OECD (2002:21-27) defines monitoring and evaluation (M&E) as follows:

- *Monitoring* is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.
- *Evaluation* is the systematic and objective assessment of an ongoing or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision making process of both recipients and donors.

Of course, delivering on each of these requirements must also be balanced with the human resource constraints faced by Kenya Aid and the volunteer nature of all its Australia-based staff. As such, the M&E Framework of Kenya Aid is designed to ensure that the Organization remains outcomes-focused with appropriate feedback mechanisms whilst not placing excessive reporting burdens on either the clinic staff in Kenya or the program staff based in Australia. This has resulted in an M&E Strategy which capitalizes on the ordinary on-goings of the Organization as well as the introduction of some new more formal feedback mechanisms.

The Monitoring and Evaluation Framework for Kenya Aid is based on 5 key actions, each of which varies in its degree of formality. Each of these actions are linked to the list of Activities generated in the LogFrame. This approach is summarized in Chart 1.



Firstly, is the Annual M&E Mission to be carried out by a number of members from the Kenya Aid Board to Shikunga. This mission will provide the basis for a number of important annual assessment and feedback sessions. This will include meetings with local Kenyan Health Ministry Officials, representatives from the medical supplies provider based in Nairobi, clinic staff, as well as partners from MURUDEF. Each of these meetings will provide the opportunity for Kenya Aid partners to disclose any issues that have arisen as a result of our operations over the proceeding year or any issues which they perceive may arise in the upcoming period. The Kenya Aid Secretary will be responsible for recording all of these conversations and in consultation with the other Kenya Aid Board Members be responsible for compiling a list of activities to address each of the concerns raised during the consultations. The outcomes from the annual M&E visit and the response of Kenya Aid to identified issues will be published in the *Kenya Aid Annual Report*. The annual M&E Mission will also provide the Kenya Aid Board with the opportunity to assess the capabilities of the Clinic Staff and to provide them with some informal training and information sessions.

Secondly, is the on-going informal contact with the Chief MURUDEF representative as per the *Memorandum of Understanding which was signed in 2006 (Appendix 1)*. This more frequent (generally fortnightly) contact with the MURUDEF representative will provide the basis for reporting on the performance of clinic staff, number of patients treated, as well as any minor capital or inventory upgrades which the Clinic facility may need in the coming weeks.

The introduction of Point of Delivery (PoD) Patient Feedback cards at the clinic will also act as a key mechanism for the Monitoring and Evaluation Strategy. These cards are given to each patient before receiving treatment at the Clinic and require the patient to provide information on basic demographic and epidemiological data (An example PoD patient feedback card is attached in Appendix 2). These PoD Patient Feedback Cards will also be complemented by the introduction of Patient Service Summary Reports which are completed by the Clinic Staff. These Summary Reports provide a quick, easy to read summary of the numbers of people visiting the clinic as well as what the major causes of their illnesses or injury's are. Over time these reports will enable the Clinic to

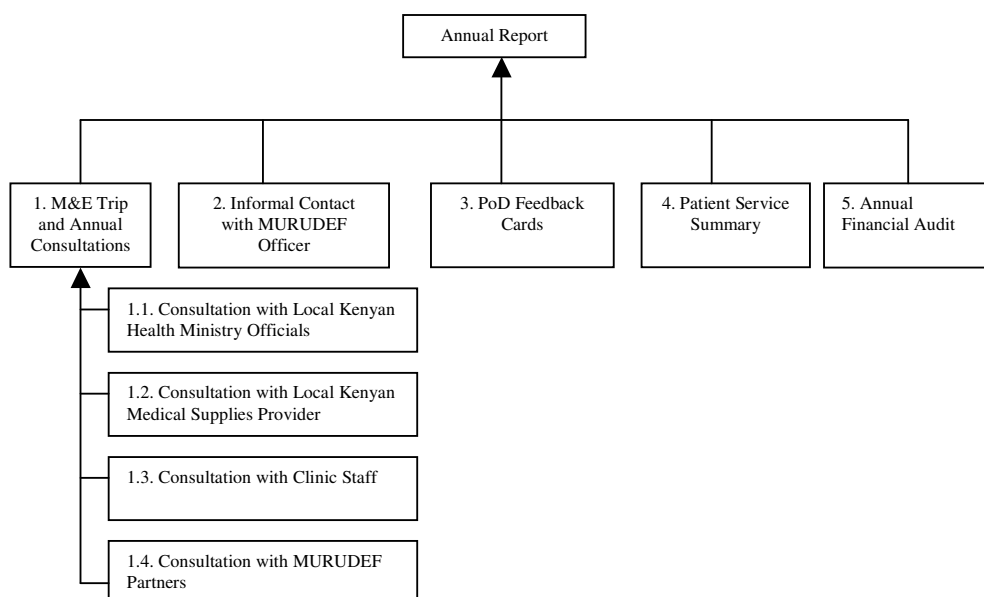


better respond to the needs of the community through more accurate inventory supplying as well as staffing levels.

Both of these reporting mechanisms have been designed to be both simplistic (quick and easy to fill in) as well as culturally appropriate – with both cards being translated and approved by a variety of village elders. This will help ensure that each of these reporting mechanisms does not provide an excessive time or emotional burden on either the clinic staff or the patient. Although Kenya Aid notes that all care must still be taken in maintaining flexibility to individual circumstances and their desire to give out personnel information. In practice, this will be left to the discretion of the locally employed Clinic staff who have a greater degree of knowledge of cultural norms and acceptable conduct.

The principal method of delivering formal feedback of each of these activities throughout the year will be the preparation and dissemination of the *Kenya Aid Annual Report*. As per the Organizations Constitution (attached in Appendix 3), this Report will comprise a financial breakdown of *all* of the organizations financial activities as well as a summary of the findings of the Annual Audit statement to be prepared by the Accountant.

**Chart 1: Summary of Kenya Aid Monitoring and Evaluation Strategy**





As mentioned, the M&E Strategy is linked explicitly to each of the Activity-level items in the LogFrame which allows Kenya Aid to ensure that each of its activities are being delivered in the most efficient, cost effective and sustainable manner as possible. The M&E actions for each of activity are listed in Table 2.

**Table 2: Kenya Aid Monitoring and Evaluation Framework by Activity**

KENYA AID ACTIVITIES	EVALUATION ACTIVITY	FREQUENCY
1-1-1: Maintenance activities at the Shikunga health care clinic.	Summary of all maintenance activities to be published in the Annual report.	Annual
1-1-2: Expansion of the clinic	Clinic Expansion - Land Purchase and Major Capital Upgrade	January - June
1-1-3: When required, providing low cost capital upgrades to the clinic e.g. fridge, padlock, etc.	Annual assessment of health clinic facility to identify upcoming needs of the facility as well as regular informal reports to be made by the MURUDEF Principle. Number of upgrades provided.	Annual
1-2-1: Payment of regular wages to clinic staff (at present this includes the payment of wages to one full time clinic officer and one full time nurse).	Annual Audit of Financial Accounts as well as a summary of all wage payments published in the Annual report	Annual
1-3-1: Monitoring of skills and attendance (through MURDEF)	Receipt of regular update reports from the Project Manager of Kenya Aid's partner organization, MURUDEF	Monthly
1-3-2: On the job training of clinic staff by Kenya Aid staff	Interviews with clinic staff on training needs and achievements and skill development. Observations made by medical member of M&E team on clinic staff skills.	Annual
1-4-1: Engage domestic providers of quality medical supplies and medications to receive a reliable supply of resources on a low cost basis which meets the needs of the clinic.	Analysis of: Number of meetings carried out with medical supplier and;. Costs quoted by medical suppliers.	Annual
1-4-2: Providing funds on a regular basis to acquire appropriate type and quantity of medications when needed.	Annual Audit of Financial Accounts Review of appropriate type and quantity of medicines	Annual
1-4-3: Providing funds to acquire medical equipment appropriate to the needs of the clinic and to the population being served.	Annual Audit of Financial Accounts Review of medical equipment needs	Annual



1-5-1: Regular correspondence with clinic staff to determine areas of health care which are most in need of structured design and improvement.	Maintain semi-regular email contact with Chief of Clinic Staff	Monthly
1-5-2: Regular review of Kenyan Ministry of Health protocols to ensure health services are relevant, up-to-date and are best practice.	During Annual M&E Mission Kenya Aid representatives are to collect most up-to-date information on Kenyan Health Protocols. Conduct meeting with Kenyan Health Ministry officials to brief them of the previous operations of the clinic as well as its intentions for the forthcoming 12 months. Contact details of both Kenya Aid President and Chief MURUDEF Partner to be renewed annually with the Kenyan health Ministry to ensure ease of contact.	Annual
1-5-3: Correspondence with clinic staff in designing health care services to ensure the service is appropriate for the setting.	The majority of feedback from Clinic staff to Kenya Aid will be conducted through the MURUDEF Officer as per the MoU, however during the Annual M&E Mission Kenya Aid Board Members will meet separately with each of the clinic staff.	As required
1-5-4: Comply with all Kenyan Ministry of Health recommendations pertaining to delivery of health care services as required by Government registration of the clinic.	During Annual M&E Mission Kenya Aid representatives are to collect most up-to-date information on Kenyan Health Protocols. Conduct meeting with Kenyan Health Ministry officials to brief them of the previous operations of the clinic as well as its intentions for the forthcoming 12 months. Contact details of both Kenya Aid President and Chief MURUDEF Partner to be renewed annually with the Kenyan health Ministry to ensure ease of contact.	As required and Annual
1-5-5: Point of Delivery Patient Feedback cards and Patient Service Summary Reports are completed, recorded and assessed to better target Clinic services to ensure community needs are addressed and clinic staffing is managed appropriately	Assessment of Patient feedback cards and summary reports and whether needs have been met.	
2-1-1: Sourcing up-to-date resources from reliable sources e.g. Kenyan Ministry of Health, UN, WHO, which are in line with AusAID and Kenyan Ministry of Health guidelines. <i>e.g. can't promote abortion etc</i>	Summary of changes of Service delivery protocols and types of services being delivered to be compiled and published in the Annual Report	Annual
2-1-2: Utilize suitable local personnel or other appropriate persons to translate and amend educational resources to ensure their cultural and educational relevance.	A list of all new training material and Kenya Aid documents is to be published in the annual report	As required and Annual
2-1-3: Printing and distribution of resources	Evaluating if sufficient resources been printed and distributed to meet community education needs.	



<p>2-2-1: Regular correspondence with clinic staff and MURUDEF Officer to determine areas of health care for which providing information in the form of seminars would benefit the community most.</p>	<p>In consultation with the clinic staff the MURUDEF Officer will provide feedback via email and phone to the Kenya Aid Board on those areas of health care which they believe to offer the greatest opportunity for community education programs. The MURUDEF Officer will also provide to the Kenya Aid board copies of the most recent PoD Patient Feedback Cards and Patient Service Summary Reports which will be analyzed by the Kenya Aid Board prior to developing community consultation strategies.</p>	<p>As required</p>
<p>2-2-2: Developing partnerships with local Kenyan organizations with expertise in the identified areas to hold and conduct the seminars.</p>	<p>Monitoring the inclusion of staff from locally based organizations at each of the community consultation sessions</p>	<p>As required</p>
<p>2-2-3: Providing incentives for community members to attend seminars (e.g. providing food at talks) to maximize their effect.</p>	<p>Collection of attendance numbers at each of the seminars held. Summary to be published in the Annual Report.</p>	<p>As required and Annual</p>
<p>2-3-1: Ensure that clinic staff have sufficient clinical and social skills to educate patients at each clinic visit (e.g. through contractual agreements with MURUDEF)</p>	<p>At the time of employment, the MURUDEF Officer will be responsible for ensuring that all clinic staff have the appropriate Kenyan Government qualification as required by their job description. This information will be passed on to and stored by the Kenya Aid president before any wage payment transfers will occur. These qualifications will also be verified during the Annual M&amp;E mission.</p>	<p>As required and Annual</p>
<p>2-3-2: Keeping clinic staff up-to-date with current best practice guidelines. (E.g. through providing them with current protocols and staff development seminars/conferences)</p>	<p>As per 2-3-1, at the time of employment, the MURUDEF Officer will be responsible for ensuring that all clinic staff have the appropriate Kenyan Government qualifications as required by their job description and reporting this information to the Kenya Aid President. In addition,</p>	<p>As required and Annual</p>
<p>3-1-1: Creation of documents addressed to Ministry of Health on a regular basis with information on new clinic activities and summaries of clinic achievements.</p>	<p>List of correspondence with the Kenyan Ministry of Health to be published in the Annual Report</p>	<p>Annual</p>
<p>3-2-1: Regular correspondence with Ministry of Health regarding current activities and future plans.</p>	<p>List of correspondence with the Kenyan Ministry of Health to be published in the Annual Report</p>	<p>Annual</p>
<p>3-2-2: Whenever possible, meeting with Kenyan Ministry of Health representatives to discuss issues relevant to the provision of health care services in western Province.</p>	<p>List of correspondence with the Kenyan Ministry of Health to be published in the Annual Report</p>	<p>Annual</p>



## **5. Annual Monitoring and Evaluation Trip Action Items 2007**

This Monitoring and Evaluation Framework thus leaves a number of tasks which must be completed during each of the annual Monitoring and Evaluation trips. These items include:

- Conduct meetings with local medical suppliers to ensure reliable supply of quality medical products.
  - As part of the risk management strategy arrangements this meeting should also pursue the prospect of direct funds transfer into the medical supplier's bank account.
- Conduct meeting with Kenyan Health Ministry officials to brief them of the previous operations of the clinic as well as its intentions for the forthcoming 12 months. Contact details of both Kenya Aid President and Chief MURUDEF Partner to be given to the Kenyan health Ministry.
  - This meeting should also be used to facilitate the collection of the most up-to-date information on Kenyan Health Protocols.
- Conduct independent meetings with each of the Clinic staff to receive feedback on the operations of the clinic and any small scale capital upgrades that could facilitate a more effective health care service.
- Collection and replication of all the PoD Patient feedback and Patient Service Summary Reports
- Meeting with Chief MURUDEF Officer to review the status of the Kenya Aid-MURUDEF MoU and to discuss any issues as required.
- Assessment of capabilities of clinic staff to deliver the services required and the introduction of any necessary training schemes or information.



## **6. Risk Evaluation of Kenya Aid**

Kenya Aids risk evaluation framework is consistent with the strategies outlined in AusAIDs AusGuide Risk Management Guidelines. Kenya Aid defines risk as the chance of things happening that could have an impact on Kenya Aid, on the outcomes it achieves, or on the objectives of the various functions it undertakes. Risk arises out of uncertainty. When deciding on a course of action to deal with the risks facing the organisation, Kenya Aid considers that there are two elements of risk to be considered. They are:

- the likelihood of something desirable or undesirable happening and
- the likely consequences if any one or all of the things that could happen do eventuate.

Risks can arise from both internal and external sources. They could include:

- adverse change in economic factors such as exchange rates;
- incorrect assumptions regarding activity logic or sustainability considerations;
- client dissatisfaction or unfavourable publicity;
- a threat to physical safety or breach of security;
- mismanagement;
- failure of equipment;
- a breach of legal or contractual responsibility; and
- fraud and deficiencies in financial controls and reporting.

In its first two years of operation, Kenya Aid faces a number of these key risks and challenges in being able to adequately deliver on its stated Objectives. These risks vary in their probability and their impact and are listed in Table X below. Each Risk is listed in terms of its likelihood and the danger it poses to the ability of Kenya Aid to deliver on each of its objectives. Each risk has also been accompanied with the Risk Management Strategy that has been identified in order to neutralize or minimize the threat posed by each eventuality.



**Table 3: Risk Assessment Matrix for Kenya Aid 2007-2009**

	Assumption/Risk	Risk Level	Impact	Project Actions
1	Sourcing reliable medical supplies	High	High	<ul style="list-style-type: none"> <li>▪ Sign Memorandum of Understanding with MEDS</li> </ul>
2	Unreliable power supply	Medium	Medium	<ul style="list-style-type: none"> <li>▪ Purchase generator</li> </ul>
3	Lack of adequately trained medical staff in remote areas	Medium	High	<ul style="list-style-type: none"> <li>▪ Pay above award wages?</li> <li>▪ Draw on expertise of the board to conduct yearly training sessions with employed staff</li> <li>▪ Develop medical placement program with the University of Sydney</li> </ul>
4	Security risk of existing clinic – lack of safe storage space	Medium	Medium	<ul style="list-style-type: none"> <li>▪ Building of a new clinic</li> <li>▪ Purchase of a Safe</li> </ul>
5	Overextending management capabilities – compromise quality of projects	Low	Medium	<ul style="list-style-type: none"> <li>▪ Utilize a risk management process to prioritize current and future projects.</li> </ul>
6	Lack of medical knowledge of local community	Low	Low	<ul style="list-style-type: none"> <li>▪ Incorporate community education into projects</li> <li>▪ Distribute information sheets on key medical and health issues</li> </ul>
7	Lack of knowledge and contact with on the ground operations	Low	High	<ul style="list-style-type: none"> <li>▪ Integrate programs with MURUDEF</li> <li>▪ Receive regular reports on the operations of the clinic</li> <li>▪ Collect baseline data on local health conditions on a regular basis. Allows medical services to be tailored to the major health needs of local community</li> </ul>
8	Ensuring an impartial and objective M&E team	Medium		<ul style="list-style-type: none"> <li>▪ Over the longer term invitation of GoK Health Officials to review the operation of the clinic</li> <li>▪ Invite other NGO's operating within the area to visit the clinic</li> <li>▪ Field trips by Kenya Aid clinic staff to other health centres operating within western province</li> </ul>

**References**

AusAID, (2005), AusGUIDE: Principles of Activity Design, Commonwealth of Australia, Canberra.

OECD, (2002), Glossary of Key Terms in Evaluation and Results-Based Management, Paris: OECD/DAC.